

CITY OF WESTMINSTER

FINANCE DEPARTMENT
8200 Westminster Boulevard
Westminster, CA 92683
(714) 898-3311

PARAMEDIC SUBSCRIPTION PROGRAM APPLICATION- RESIDENTIAL

PLEASE PRINT THE FOLLOWING INFORMATION

NAME	(FIRST)	(LAST)
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SERVICE ADDRESS

PLEASE INDICATE YOUR PAYMENT CHOICE:

I wish to be billed \$7.00 on my bi-monthly water bill
Water Account #

I wish to subscribe annually: Enclosed is my payment for \$ 42.00
(Please make check payable to City of Westminster)

TO PAY BY CREDIT CARD PLEASE FILL IN BLANKS BELOW:
Credit Card Information:

Billing Name: _____

Card #

Expiration Date: _____ / _____ Signature _____